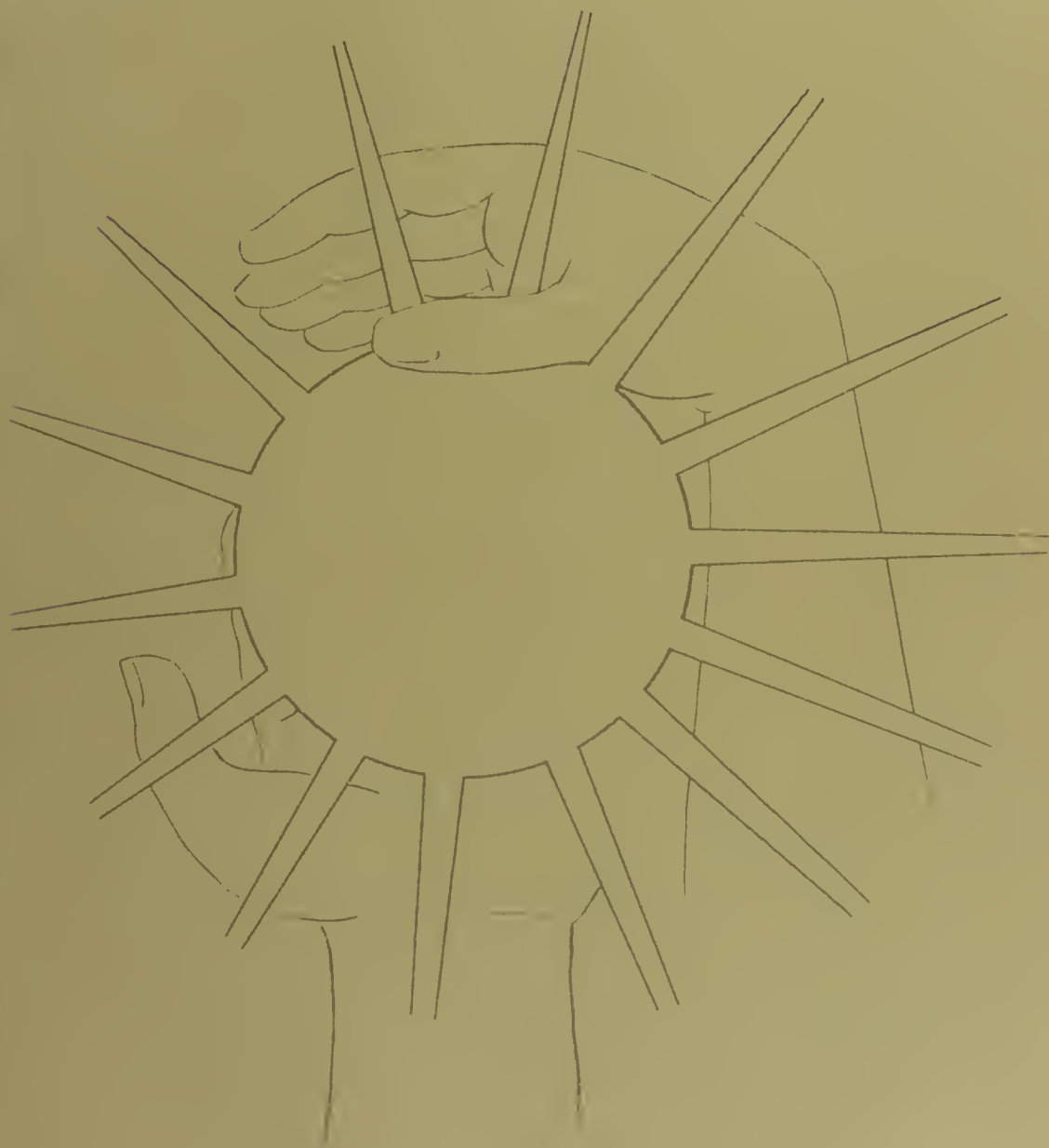


1967 Annual Report National Society for the Prevention of Blindness, Inc.



As the National Society for the Prevention of Blindness approaches its 60th anniversary,

it becomes increasingly difficult to evaluate the impact of the progress made during any one year. There are, however, significant dates which mark highlights in the evolution of our growth, and by this standard we can certainly assign 1967 to a place among the memorable years.

Perhaps most gratifying, is the emergence of a greater understanding of the need to detect and fight the causes of blindness before they strike. This is manifest from all areas of our country by the dramatic increase in the numbers of pre-school and glaucoma screenings, the ever-widening emphasis on eye safety in

every segment of industry and the adoption of school eye safety laws in an additional six states during 1967.

We already know too well the grief and despair that accompanies the loss of vision—especially when that loss was needless. The anguished cry of “if only” reverberates through the annals of deepest personal tragedy. Yet, this year, thousands of Americans lost their precious vision which could have been saved “if only” they had known of or heeded our Society’s sight-saving messages. Compounding the human suffering from needless blindness is always the subsequent loss in wages, productivity and unrealized potential, which continues to reach staggering dimensions each year. Ironically, if but one tenth of the money we now spend to support unnecessary blindness were spent to prevent it, the gains would be enormous.

In essence, it is becoming increasingly clear that the time is now propitious for a major nationwide movement to marshal the necessary resources and funds toward a coordinated, all-out battle against needless blindness. To achieve this worthy goal, the most meaningful and effective approach must be made by a strong national voluntary agency through its local affiliates and in partnership with other lay and professional volunteers, individuals and groups, as well as with appropriate government agencies.

We sincerely believe, therefore, that the growth in 1967, of this cooperative part-

nership, at the national and local levels, in combination with the expansion and development of our state societies, the changes and additions made in our professional staff and the acquisition of larger national headquarters, augur well for the realization of a new and greater era for the prevention of blindness.

This annual report, then, stands not only as a record of a year’s activities, but also as a tribute to the thousands of selfless volunteers and generous contributors — without whom little progress could have been possible. And, as hope inspires achievement, we look with confidence to the Society’s many, many friends around the country for their continued help and increased support.



John W. Ferree, M.D.
Executive Director

Simply, directly and without equivocation,

the foundation of NSPB's program rests on a single axiom half of all blindness is preventable!

To achieve the achievable, however, will take the conscientious use of already available information on eye health and eye safety in behalf of every adult and child in every segment of our population. The task, therefore, is an awesome one—but never discouraging. For each time the sight of a single individual is saved, our dedication is renewed.

Education, detection, protection and referral for correction are the service weapons we utilize to combat needless blindness. The battle cannot be waged from an office or laboratory alone. It must begin where the people are—at work, at school, at home—in their individual communities.

The bulwark of the Society's efforts is its Community Services Program. Its goal is to alert people—all people—in all communities, to the need for sight conservation. Progress toward that goal was significant in 1967.

NSPB has led the way, but we have been joined through the years by a growing army of allies. For there could be no accelerated momentum without the devoted cooperation of numerous medical, public health, professional, civic, social welfare, educational and safety organizations, as well as rehabilitation, govern-

ment and other voluntary health agencies, in every corner of this vast nation.

The confines of an annual report traditionally allow for but selective highlights of the year's achievements. Similarly, we try each year to highlight our grateful acknowledgment to another specific few of those organizations who lend their invaluable knowledge, skills, time and funds in making prevention of blindness a meaningful reality.

Thus, for 1967, the full staff of our National Society and its state affiliates join the members of their respective Boards of Directors and Medical Advisory Committees in extending warmest appreciation, to the following groups, for unique contributions to our cause: American Red Cross, Delta Gamma Fraternity, Federation of Women's Clubs, Girl Scouts of the U.S.A., Junior Chambers of Commerce, Junior League, Junior Women's Clubs, Lions International, and the Telephone Pioneers of America.

A GOOD BEGINNING, A LONG WAY TO GO

NSPB's cumulative preventive knowledge of almost six decades is being put to practical application throughout the country. However, as population grows and life span is prolonged, the crusade against needless blindness demands, for continued success, more and more organized, dedicated professional leadership.

Thus, with twenty-five affiliated societies, operating in conjunction with organized committees in eleven additional

states, NSPB reached another milestone in 1967—a milestone we must continue to build on.

Ironically, the pride of growth and achievement inherent in our activities dwindles each year as we approach the challenge of the new year. For no one is immune to blindness . . . and the challenge ahead remains monumental.

Amblyopia and other vision problems may affect as many as one preschool age child in every twenty, unless detected and treated in time.

More than forty years ago,

NSPB conducted the first preschool vision screening program in the United States for which volunteers were trained to do the screening. And ever since, major program emphasis has reflected the Society's deep concern for preventing permanent vision impairment through screening preschool children and arranging for follow-up of those who require an eye examination.

Though progress in this area, as in all areas of prevention, has been tragically slow, the Society's determined efforts have stimulated an awakened interest in

amblyopia and early detection of other eye defects in youngsters. Over the past two years the number of preschool vision screening projects reported from all parts of the country, has more than doubled. And during 1967, in cooperation with hundreds of NSPB trained volunteers, the National Society and its affiliates sponsored projects throughout 32 states and Puerto Rico.

Deeply gratifying this year is the resourcefulness of our trained screening teams. From thickly populated cities to remote rural villages, from wherever children could be gathered, there came reports of successful projects. And every deterrent—language, color, ethnic and economic—was overcome by imaginative, dedicated groups, wherever they traveled.

The overwhelming need for continuation, expansion and strengthening of this service, until every preschool age child in the country is screened routinely, is manifest by the numbers of children referred for subsequent examination.

While growing numbers of established screening procedures continued and more volunteers were trained to reach into kindergarten and nursery schools, local health departments, State Fairs and other community resources where projects are routinely sponsored, another surge of pioneering spirit emerged and new, fertile ground was uncovered.

In Arizona, Indian children on almost every reservation were screened for the first time and reports indicate that the incidence of eye trouble among these youngsters appears to be high. Thus, through the efforts of our Arizona Society,

additional volunteers are being trained and all resources serving the health needs of Indians in Arizona are being explored for follow-up care.

In Colorado, to reach the children of Spanish speaking migrant farm workers, one hundred volunteers were trained, through an interpreter, by our Society's staff. And they, in turn, screened some 3,000 migrant children this past summer. The program was coordinated, for the first time, through the Colorado Council on Migrant and Seasonal Agricultural Workers and Families.

In Florida, our Society's staff travelled through 48 cities and held training sessions with 51 organizations. Some 534 new volunteers were trained. They alone, subsequently gave 4,618 volunteer hours to screening children in their respective communities. And, as with all volunteers, their work will continue and inspire others in the months to come.

Head Start Programs, for underprivileged preschoolers, quickly and simultaneously caught the imagination of Society staff and volunteers across the nation. And, thousands of children in every region, who would otherwise probably never have had their vision screened before formal schooling, are now routinely receiving a visual "head start" for life.

These are but a few of the year's highlights in our Preschool Vision Screening Program. Even in totality, however, the numbers of children reached through this

effort represent but a small fraction of the estimated 12,300,000 preschool youngsters in America.

We have made a good beginning, and the progress is discernible, but we do, indeed, have a long way to go. Preparing today's children for tomorrow remains one of our most vital responsibilities. Clearly, each of us has a stake—moral, financial and personal—in seeing the job through.

At this moment, an estimated 1,682,100 adults

over the age of 35 are threatened with blindness from glaucoma.

Glaucoma remains the second leading cause of blindness in our nation. In its most common form, glaucoma can destroy vision slowly and painlessly, sometimes without arousing any warning signs in its victim, until most of his sight is gone.

Glaucoma cannot yet be cured, but if detected and treated early enough, it can be controlled and further visual loss prevented, either by drugs or surgery.

Early detection, therefore, is essential to preventing blindness from glaucoma and early detection demands regular eye examinations for all adults in the high-incidence age groups. For those persons whose family members have already been affected by this disease, complete eye ex-

aminations are strongly recommended at least every year. Heredity has been shown to be a significant factor in glaucoma.

A valuable and dramatic way to prove the effectiveness of regular eye examinations as a means of detecting glaucoma was conceived by the National Society more than twenty years ago. And community glaucoma screening projects have been a principal tool for teaching the public about glaucoma and encouraging regular eye examinations through the years.

The NSPB and its affiliates continue to sponsor these projects throughout the country with the aid of local medical societies, health departments, civic and volunteer groups. Though these tests are not substitutes for complete eye examinations, they regularly turn up cases of previously unsuspected glaucoma in persons from all walks of life and in varied segments of our population.

The singularly tragic conclusion which must be drawn from these demonstrations is the fact that thousands of people, many under the illusion that they are in "perfect health," will continue to lose their precious sight to glaucoma which could be detected and controlled successfully if only they would heed our message and take the little time necessary for a regular eye examination.

Once again, in 1967, community glaucoma screenings were a major part of our sight-saving programs. We earnestly be-

lieve that these efforts are worthwhile. And each referral, ultimately diagnosed as glaucoma, is tangible proof that our concern is valid.

Even amongst those who "should know better," there remain the vestiges of ignorance and apathy which lead to loss of sight from glaucoma. At the American Medical Association's 1967 annual meeting in Atlantic City, the National Society conducted a glaucoma screening. Of some 1,300 physicians screened, 40 were referred for subsequent medical eye examinations because of a suspicious increase in intraocular pressure.

Reports from our affiliate societies around the nation

continue to establish the value of glaucoma screenings and, happily, a widening attendance and understanding of the need.

PROJECT HIGHLIGHTS—1967

In Northern California, a weekly glaucoma detection clinic was established by our Society and co-sponsored by the San Francisco Health Department and San Francisco Medical Society. The clinic will provide a training program in the use of tonometry for internists and general practitioners as well as offering detection facilities to the public.

In Southern California, our Society was the co-sponsor of a unique "Eye

Care Week" with the Los Angeles County Society of Ophthalmology. Glaucoma screenings were held through the week in Southwest Los Angeles and Santa Monica.

In Connecticut, our Society's on-going glaucoma screening program was expanded by a federal grant from the Public Health Service. Society efforts to stimulate all industries in the Hartford area to include glaucoma screenings as part of their services in the annual physical exams of employees are also meeting with gratifying success.

In Georgia, a Board member who is also Chairman of the Medical Advisory Committee, worked with the State Health Department to establish on-going glaucoma detection centers in several District Health Departments.

In Indiana, it was a particularly busy year. As a result of successful programs held the previous year, our Society was again requested to screen employees in the City County Administration offices and the Indianapolis Police Department. The glaucoma clinic, directed by the Society, at Marion County General Hospital, continued its successful operation while community glaucoma detection programs were initiated in three additional cities and glaucoma screening was made part of the multi-phasic program offered at the Indiana Public Health Conference.

In Rhode Island, our Society would not be deterred! Amongst the many scheduled glaucoma detection projects, one fell on the day of a World Series baseball game, but a resourceful "coup" assured a minimum of attendance strike-outs. A

local merchant was prevailed upon and set up a color TV set on the project site. All went well.

In Utah, our Society reported great success in their cooperative venture with the State Health Department's diabetes screenings. Thousands of additional persons were screened throughout the state who might never have been reached otherwise.

The need, the value and the acceptance of these programs is being proven again and again. But until regular eye examinations are made a routine part of all health checkups for persons over 35, glaucoma will continue to rob thousands of Americans of their sight every year. How successful we will ultimately be in combating this insidious disease that needlessly cheats us of our wealth and the victim of his established way of life, will depend directly on the extent and the quality of the support each of us is able to give.

Senile cataract remains the greatest single cause of blindness

in the country. It also continues to offer the greatest chance for restoration of useful vision. While surgery is the only possible treatment at this time, it is safe and effective more than 95 times out of 100... a remarkable achievement!

To understand why, if surgery is so effective, cataract remains the leading

cause of blindness, the National Society for the Prevention of Blindness set out to get specific answers. For it knew that action, without full knowledge of the numerous and complex problems of the elderly — social, economic and medical — could only lead to false hope. Through research, the Society has learned many of the obstacles that deter older persons with eye ailments from seeking the necessary treatment. It learned that eye problems have varied implications for the elderly.

Three factors were found to be most prevalent:

- 1) A belief that cataracts are an inevitable penalty of growing old and a philosophic acceptance of blindness and dependence through the late years.

- 2) A feeling of uncertainty and an inability to make any decisions which immobilize some older persons facing cataract blindness. These people literally forfeit their sight as an alternative to action.

- 3) The fear and worry associated with eye surgery, based on a lack of information and source of counsel, often makes the acceptance of cataracts seem a lesser problem.

Armed with this information and supported by the results of other Society studies which determined that elderly ocular patients stand up to surgery more easily than had ever been anticipated, the Society was prepared to launch a realistic and dynamic national cataract program.

Thus, in recent years, the National Society and its state affiliates have been exploring all avenues to the elderly to find

and convince cataract victims of the advantages of restorative surgery.

During 1967, large numbers of lay and professional publications were distributed in large and small communities across the country. They were made available to physicians, visiting nurses, public health nurses, pharmacies, facilities serving the aged—and to any individual or organization that might give or interpret them to the cataract patient.

However, as in all areas of prevention, there is always a long way to go. The lengthening human lifespan will continue to put more men and women in the age groups most susceptible to cataracts and our efforts to reach them must keep pace.

Eye accidents
threaten 164,000
school children
every year!

Our labor force
is hit by 1,000
eye accidents
every working day
of the year!

These two statistics are worth the concern of every man, woman and child in the United States.

Through **active concern**, NSPB has pioneered a massive eye safety program which has already been directly responsible for preventing eye injuries, and in many cases total blindness, for thousands of persons every year — children and adults—in all activities of daily living.

NSPB's eye safety campaign was founded on the simple premise that while accidents are inevitable, most eye injuries are preventable. The Society's Wise Owl industrial eye safety incentive program alone has already elevated this premise to an internationally recognized maxim.

In 1967, another 2,500 Americans were enrolled in the Wise Owl Club, bringing to 38,397 the number of men and women who have saved their eyes from damage and in many cases actually avoided blindness by wearing adequate eye protection at the time of an on-the-job accident. The Club also added 306 new chapters in 1967, raising to 4,890 the number of plants in which the Wise Owl Program has been installed.

The recognition and respect earned by the Society through its Wise Owl Program has been the opening wedge for industry-wide consideration of other essential safety measures recommended by NSPB. Thus, in 1967, industrial vision testing programs gained additional acceptance by many of the more safety-oriented firms of the country. The concept of pre-employment and periodic eye examinations aimed at fitting individual visual skills to the seeing requirements of specific jobs

was initiated and tested by NSPB in pilot projects over a period of years. The effectiveness of these programs and their benefits to employee and employer has been long established. Adoption of vision testing programs by industry, on a nationwide basis, therefore, has become an integral part of the Society's efforts to bring full protection against accidental eye damage and blindness to the work force of the nation.

ANOTHER VENTURE

The Society's **active concern** for eye safety in schools was translated four years ago into a suggested state law requiring use of protective eyewear in all school shops, laboratories and vocational arts classes. The basic wisdom inherent in the fact that through adoption of eye safety programs, most of the eye injuries in schools could be eliminated, has been recognized by state legislatures in all regions of the country. And in four short years, twenty-five states have enacted a school eye safety law. Amongst them, Connecticut, Indiana, Kansas, Minnesota, Tennessee and Wyoming adopted legislation during 1967.

Complete state-by-state coverage and full implementation of the law in every school still seems a distant goal. Yet, through the progress to date, it has become evident that wherever the National Society or its affiliates can marshal the

resources for a comprehensive educational campaign, the barriers of ignorance and apathy crumble.

If, then, on the strength of this encouragement, our efforts can build additional support, the day when 100% eye safety programs protect all school children may no longer be distant.

To give national stress

to the many areas of daily activity that involve prevention of blindness potential, NSPB works closely with all professional persons and organizations who are concerned with sight conservation. Thus, in 1967 NSPB's executive director and other staff represented the Society's interest in activities of numerous organizations.

MEDICINE AND PUBLIC HEALTH

NSPB's executive director joined representatives of other voluntary health agencies at a meeting of the American Medical Association's Council on Voluntary Health Agencies, as well as at its meetings of the Committee on Continuing Education and the National Council on the Aging. These activities are closely related to the Society's objectives.

As a member of the Advisory Committee to the Neurological and Sensory Dis-

ease Service Section, Public Health Service, the Society's executive director also participated in the committee's meeting which considered responsibilities of the Section as established in reorganization of the Public Health Service, placing the program under the National Center for Chronic Disease Control. Funds are to be allocated for contracts to support, amongst other activities, teaching tonometry to medical students and others, multi-phasic screening (including vision) of children and adults.

Under sponsorship of the Public Health Service, the Society's executive director and assistant executive director, oriented twelve staff members, all ophthalmologists, of the Neurological and Sensory Diseases Control Program of the Public Health Service. These physicians are assigned to state health departments to develop sight conservation activities.

"Congenital Anomalies and Glaucoma," was the topic of the special glaucoma session sponsored jointly by the Society and the Association for Research in Ophthalmology, at the annual meeting of the American Academy of Ophthalmology and Otolaryngology. Approximately 500 ophthalmologists attended.

The Society also presented an exhibit "The Role of the Ophthalmologist in Planning for Community Comprehensive Health Services," at the AAOO meeting.

NURSING

Through the annual participation of the Society's nurse consultant at a number of conferences and workshops held for state

and local public health nurses, greater involvement of the nursing profession in prevention of blindness is stimulated. Sessions, during 1967, provided instruction in early identification of eye problems and follow-up leading to eye care through community resources for the visually handicapped, and in eye safety. The Society's professional educational publications and films were widely utilized to assist nurses.

EDUCATION OF THE PARTIALLY SEEING

1967 marked the 50th year of the Society's efforts to bring proper educational services to the nation's partially seeing youngsters. However, only ten percent of the more than 90,000 partially seeing children in our schools are getting the services and facilities they should have to secure the maximum benefits from their educational opportunity.

In view of the current philosophy of special education, it appeared therefore, that the needs of these youngsters could better be met by an agency which has a particular concern for the education of all the visually handicapped. And, for this reason, in the fall of 1967, by mutual agreement of the National Society and the American Foundation for the Blind, plans were resolved for transferring the partially seeing program to the AFB, beginning in 1968.

NSPB's eye health and safety programs for all children will still include the partially seeing, who are often identified through preschool vision screening. The Society will also continue its low vision aids program as well as its collection and interpretation of medical information util-

ized by educators in planning programs for the partially seeing.

The Society's consultant in education, on invitation of the Ministries of Education and Welfare in the Bahamas, spent several days in Nassau reviewing and advising on services provided to partially seeing children and about teacher preparation; participated in courses for preparation of teachers and health educators at Columbia and New York University by providing lectures on early identification of children with eye problems and follow-up services needed; represented the National Society as a member of the Subcommittee on School Health of the National Health Council.

INTERNATIONAL COOPERATION

Uniquely gratifying each year is the number of visitors working in related fields who come from all parts of the world to seek counsel or to exchange ideas about programs in prevention of blindness. Problems of eye health and eye safety have no geographic boundaries and as far back as 1929, NSPB was instrumental in the establishment of the International Association for the Prevention of Blindness, with which it has worked closely ever since. Even today, the Society's executive director serves as the Association's Secretary for the Western Hemisphere.

NSPB's pioneering work is known, respected and used as the foundation for similar programs in many countries. Re-

quests to reprint or translate publications and to borrow films are regularly received from foreign universities, hospitals and other professional organizations as well as from varied segments of industry. It is the Society's policy to assist in training and education wherever possible.

Cooperation in the areas of science and medicine are maintained with countries around the world through NSPB's Committee on International Relations. And, a long-standing relationship with the Pan American Association of Ophthalmology continues with direct liaison through the Society's executive director who serves as co-chairman of its Committee on Prevention.

We frequently ask ourselves,

is there a way of measuring the value of our efforts in public information and education? Synonymously, we are asking, is there a way of measuring the value of sight?

The response is affirmative and heartening. It comes from individuals, organizations and from all media in every part of the country. And perhaps most poignantly, it was summed up during 1967, in these words from the President:

"The Nation applauds your efforts
to alert all our people
of the need for personal responsibility
in protecting and preserving
the precious gift of sight."

LYNDON B. JOHNSON

Through publications, films, information and referral services, exhibits and speakers, as well as through specially prepared materials for radio, television, press and special interest journals, NSPB's "people reaching" campaign has made available knowledge on eye health and eye safety an integral part of the country's vast communications network.

Timely sight-saving releases to the nation's media covered a diversity of topics aimed at the community at large as well as at specific groups. Through comprehensive coverage by newspapers, radio and television, millions of persons were reached with NSPB's warnings against fireworks hazards, unsafe toys for youngsters, hunting accidents and even the danger of flying champagne corks. The Society's "Safe-at-Home" campaign, aimed at reducing the high toll of vision impairing accidents in and around American homes, also earned feature coverage. Editorials, stories of Wise Owl and Junior Wise Owl membership, feature articles and brief fillers concerning NSPB and its programs appeared in special interest and local journals around the nation. Major circulation national magazines such as the Reader's Digest and Good Housekeeping also brought NSPB's sight-saving information to millions of readers during 1967.

FILMS AND EXHIBITS

"Don't Push Your Luck!" a dramatic new film promoting eye safety in industry, was produced for the Society without cost by

Harvest Films, Inc. It is the true story of one on-the-job accident which needlessly caused a man to lose his sight. There's little doubt that the film's basic message, "follow eye-safety rules from gate to gate," will be deeply etched in the memory of every shop, plant and factory employee who sees it.

Three new exhibits were prepared in 1967. "Steps in Conducting A Preschool Vision Screening Program," "Four Steps for Eye Safety Programs" and "The Role of the Ophthalmologist in Planning for Community Comprehensive Health Services." The Society supplied 37 exhibits for some 30 different national conferences, fairs and meetings during the year. NSPB State Societies also utilized exhibits at local affairs in every region of the country.

PUBLICATIONS

Two new popular pieces were added to NSPB's growing catalogue of publications during 1967. "Do You Know?" a short form annual program review, relating "Ripley" type historical vignettes on vision and eye diseases to current counterparts in the Society's programs and activities, received widespread distribution and interest. Several hundred letters of commendation from professional and lay persons attest to its appeal. More than 325,000 copies have been circulated.

"Charlie Brown Detective," produced by the National Society with the permission and approval of Charles M. Schulz

and United Features Syndicate, Inc., has fast become one of the most widely utilized pieces in NSPB's history. Incorporating the whimsical observations of "Peanuts" characters Charlie Brown, Lucy and Linus, the pamphlet features a message to parents on vision problems which may be affecting their children. Over two million copies were distributed between September and December of 1967.

SIGHT-SAVING MONTH

NSPB's on-going information and education campaign reaches its peak each September. The 1967 Sight-Saving Month activities were launched with the help of Lorne Greene, who served as National Campaign Chairman for the second consecutive year. Nationally and locally, media utilization of specially prepared materials lent powerful support to the Society's sight-saving campaign. Before the year's end and with only a fraction of radio and TV coverage reported, some 92,737 NSPB messages had already been broadcast. The commercial value of this contributed public service time alone, reached \$1,110,363.

Sight conservation begins where the people are. Reaching the people, therefore, is an integral part of every NSPB activity and no method of communication will be left untried in bringing the prevention of blindness story to the public.

Title of Study
Institution and Investigator

RENEWALS

**Quantitative studies on
vascular-intraocular relationships
in experimental animals**

Institute of Visual Sciences
Institute of Medical Sciences
Pacific Medical Center
San Francisco, California
Donald R. Loeb, M.D.

**Evaluation of the isoenzymes
of lactic dehydrogenase in
ocular tissue and their diag-
nostic value in ocular disease**

University of California
School of Medicine
San Francisco, California
Samuel B. Aronson, M.D.

**Factors affecting movement
of certain antibiotics**

University of Colorado
Medical Center
Denver, Colorado
Raymond E. Records, M.D.

**Immune factors in
ocular herpes simplex**

University of Florida
School of Medicine
Gainesville, Florida
Herbert E. Kaufman, M.D.

**Physiology of the tears
and the cornea**

College of Physicians & Surgeons
Columbia University
New York, New York
Saiichi Mishima, M.D.

**The nature of the dendritic
lesion in experimental
acute herpetic keratitis**

New York University
Medical Center
New York, New York
Jules L. Baum, M.D.

**Glycolipids of the mammalian
eye, biosynthesis, identifi-
cation and distribution**

Western Reserve University
School of Medicine
Cleveland, Ohio
Edward L. Kean, Ph.D.

**Autoradiographic localization
of drugs in the eye**

University of Pennsylvania
School of Medicine
Philadelphia, Pennsylvania
Alan Laties, M.D.

Diabetic retinopathy

Virginia Mason Research Center
Seattle, Washington
Robert L. Reeves, M.D.

NEW

**Investigation on the
pathogenesis of peripheral
chorioretinal atrophy**

University of California
School of Medicine
San Francisco, California
Lawrence I. Lonn, M.D.

Electron microscopy

University of California
School of Medicine
San Francisco, California
Michael J. Hogan, M.D.

**Suppression of the
corneal graft reaction**

University of California
School of Medicine
San Francisco, California
Gilbert Smolin, M.D.

Dyslexia and ocular dominance

College of Medicine
University of Florida
Gainesville, Florida
Melvin L. Rubin, M.D.

**An electronmicroscopic study
of rubella-induced cataracts**

Eye Research Laboratories
University of Chicago
Chicago, Illinois
Alphonse Leure-duPree, Msc.

**Obstruction of the vortex
veins—pathologic and
experimental study**

Boston University
School of Medicine
Boston, Massachusetts
Ephraim Friedman, M.D.

Lymphocyte transformation study

Washington University
School of Medicine
St. Louis, Missouri
Morton E. Smith, M.D.

Alkali burns of the eye

New York Hospital
Cornell Medical Center
New York, New York
Stuart I. Brown, M.D.

**Retinal neovascularization
in experimental animals**

New York University
Medical Center
New York, New York
Manoucher Shakib, M.D., Ph.D.

**Immunologic aspects of
fluorescein sensitivity**

College of Medicine
Ohio State University
Columbus, Ohio
Richard H. Keates, M.D.

**Vascular patterns of the ocular
fundus of glaucoma patients:
Comparison with the normal,
and the effect of changes
in intraocular pressure**

Wills Eye Hospital
Philadelphia, Pennsylvania
George L. Spaeth, M.D.

**Unilateral visual neglect
in the "split-brain" monkey**

University of Washington
School of Medicine
Seattle, Washington
John L. Downer, Ph.D.

SCIENTIFIC CONFERENCE

**Symposium on
Embryonic Development**
Chicago, Ill.
October 28, 1967

Director:
George K. Smelser, Ph.D.
Professor of Anatomy
Assigned to Ophthalmology
Ophthalmology Research
College of Physicians & Surgeons
Columbia University
New York, New York

In 1967, the NSPB Committee on Basic and Clinical Research

approved grants totalling \$64,770.00, listed opposite.

Though its basic and clinical research program is exceeded by government appropriations and funds of voluntary organizations specializing in research support, the National Society believes it is important to provide the kind of support not readily available from governmental sources. Emphasis, therefore, is given to assisting the young investigator in establishing himself as one qualified for a career in research.

Not all research in prevention of blindness

can be accomplished in laboratories. Many investigative projects which may have an immediate, significant impact on sight-saving programs must be done through community surveys, patient interviews, meetings, conferences, calculations and an abundance of desk work. Thus, NSPB's operational research program is an integral part of its day to day

activities. Some of these projects, initiated or completed during 1967, include:

- ☐ Fact Book—"Estimated Statistics on Blindness and Vision Problems." This widely sought NSPB publication represents the only complete reference of current estimates and trend data on blindness and vision problems. Its rapid utilization by agencies and individuals providing services to the blind as well as by those programming for prevention, reflects the great need for more comprehensive statistics on blindness and vision impairment.
- ☐ "Progress in Preschool Vision Screening"—A national summary of the results of the 1965-66 preschool vision screening program. Full report appears in *Sight-Saving Review*, Winter 1967 issue.
- ☐ An analysis of Detroit's Project 20/20 — Professional reports of cases referred from preschool vision screenings through the first full year of the project were studied and analyzed. Provides valuable information on eye defects diagnosed in this group. Report published in *Sight-Saving Review*, Winter 1967 issue.
- ☐ A survey of school vision screening requirements in all states was initiated to determine the extent of vision screening as well as the procedures and standards used.
- ☐ Developed projected estimates of the blind population and new cases of blindness for 1977 with distributions by age and cause. Initially presented as a paper at the 1967 annual meeting of the Amer-

ican Association of Workers for the Blind, the paper was subsequently published under the title, "The Blind Population: 1966-1977," in *New Outlook for the Blind*, November, 1967 and in *Sight-Saving Review*, Fall 1967 issue.

Traditionally, my message

in the annual report has been a review and assessment of the year's activities. This time, however, as I end a seven year tenure as the Society's president, I would like merely to make a few observations.

The content of this report highlights the programs our Society has pioneered, notes the significant progress we have made and speaks realistically of the needs of the future. It reflects, in essence, that the progressive acceleration of modern living, as well as the prolonged life span, create new problems—and opportunities—that we must always meet. I feel most confident that we will continue to build on achievements of the past and to meet even the most difficult challenges of the years ahead.

My successor, Mr. Bradford A. Warner, has already served with distinction for several years as a member and officer of the Board of Directors. He is a uniquely qualified, devoted and dynamic man whose leadership will surely inspire a new and expanded era for prevention of blindness.

To our state organizations, our officers and members of the Board who have given so much encouragement and inval-

uable assistance through the years, I extend warmest thanks. I know that they join me in awareness of the great responsibilities involved in administering the Society and in expressing deep appreciation to our executive director and to his dedicated staff.

To the hundreds of professional and lay volunteers who make our work possible in every region of the country, we also owe a debt of lasting gratitude.

I want particularly to record with deep sorrow the deaths in 1967, of George T. Brown and Robert F. Irwin, Jr. who gave long and distinguished service to the National Society as members of the Board of Directors.



Enos Curtin
President

To: The Board of Directors

National Society for the
Prevention of Blindness, Inc.:

We have examined the statement of financial position of the National Society for the Prevention of Blindness, Inc., excluding state chapters, as of December 31, 1967 and the related statement of fund transactions for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statement of financial position and statement of fund transactions present fairly the financial position of the Society, excluding state chapters, at December 31, 1967 and the summary of fund transactions for the year then ended, in conformity with generally accepted accounting principles which, except for the discontinuance of the accounting practice of recognizing commitments for purchases of goods and services as expenditures as commitments are incurred, of which we approve (see note 1), were applied on a basis consistent with that of the preceding year.

Peat, Marwick, Mitchell & Co.

March 25, 1968

Statement of Financial Position

December 31, 1967

	General Fund	Designated Funds	Endowment Funds and Funds Func- tioning as Endowment	Combined
Assets:				
Cash	\$ 375,552	206,882	—	582,434
Notes receivable	3,430	—	—	3,430
Accounts receivable:				
Deposits and advances	19,254	—	—	19,254
Due from chapters of the Society	34,950	—	—	34,950
Miscellaneous accounts receivable	17,720	—	—	17,720
Investments in bonds and stocks, at cost or fair value at date of acquisition in the case of gifts (quoted market \$1,357,820)—(note 3)	904,949	—	71,281	976,230
Total assets	<u>1,355,855</u>	<u>206,882</u>	<u>71,281</u>	<u>1,634,018</u>
Liabilities:				
Accounts payable and accrued expenses	45,713	—	—	45,713
Reserve for vacation and severance pay	40,441	—	—	40,441
Total liabilities	<u>86,154</u>	<u>—</u>	<u>—</u>	<u>86,154</u>
Net assets (representing fund balances)	<u>\$1,269,701</u>	<u>206,882</u>	<u>71,281</u>	<u>1,547,864</u>
Fund balances:				
General Fund	1,269,701	—	—	1,269,701
Designated Funds	—	206,882	—	206,882
Endowment Funds and Funds Functioning as Endowment	—	—	71,281	71,281
	<u>\$1,269,701</u>	<u>206,882</u>	<u>71,281</u>	<u>1,547,864</u>

See accompanying notes to financial statements.

Statement of Fund Transactions

Year ended December 31, 1967

	General Fund	Designated Funds	Endowment Funds and Funds Func- tioning as Endowment	Combined
Expenditures:				
Research	\$ 119,100	6,754	—	125,854
Public health education	349,454	7,923	—	357,377
Professional education and training	234,091	2,686	—	236,777
Community services	214,915	20,147	—	235,062
Fund raising	243,119	1,098	—	244,217
Organization and program development— field services	42,249	573	—	42,822
Administration and general expenses	182,792	—	—	182,792
	<u>1,385,720</u>	<u>39,181</u>	<u>—</u>	<u>1,424,901</u>
Income:				
Contributions (including legacy and chapter contributions)	1,162,728	172,637	—	1,335,365
Sales, subscriptions and royalties	56,191	—	—	56,191
Investment and trust fund income	90,658	1,459	—	92,117
	<u>1,309,577</u>	<u>174,096</u>	<u>—</u>	<u>1,483,673</u>
Excess of income (expenditures) before net gain on sale of investments	(76,143)	134,915	—	58,772
Net gain on sale of investments	36,342	—	2,361	38,703
Increase or (decrease) for year	<u>(39,801)</u>	<u>134,915</u>	<u>2,361</u>	<u>97,475</u>
Fund balances:				
Beginning of year	1,309,502	71,967	68,920	1,450,389
End of year	<u>\$1,269,701</u>	<u>206,882</u>	<u>71,281</u>	<u>1,547,864</u>

NOTES TO FINANCIAL STATEMENTS

1) The Society discontinued the accounting practice of recognizing commitments for purchases of goods and services as expenditures in the year commitments are incurred. As a result of this change in accounting practice, expenditures for the year ended December 31, 1967 are understated by \$68,949, representing commitments charged to expenditures in the prior year. 2) The Society leases premises at 79 Madison Avenue, New York, New York, under terms of an agreement of lease extending to February 28, 1977 and requiring annual rental payments aggregating \$48,000. 3) Securities having a market value of \$42,862 have been deposited with an escrow agent in accordance with a lease agreement dated May 15, 1961 pertaining to premises previously occupied at 16 East 40th Street, New York, New York. 4) The Society has contributory pension plans covering permanent employees. Total expenditures for the plans amounted to \$17,383 for the year. There are no unfunded prior service costs.

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The National Society is one of the 20 major national voluntary health agencies which has met the National Health Council's standards and ethical guidelines for membership under a new policy initiated in 1967. The new accreditation assures the public that the National Society:

□ is primarily supported by voluntary contributions □ is basically controlled by a broad citizen membership □ is under the direction of a representative voluntary board which has reasonable rotation and broad geographical representation □ has program activities approved by committees which include competent experts in the specific areas of the Society's program □ follows specified ethical fund-raising practices □ makes complete financial reports to the public which conform to the National Health Council's uniform accounting system.

Through the National Health Council, an organization of more than 70 national voluntary, professional and governmental agencies and other groups, its member agencies work together and with others in the common cause of health protection and improvement.

An Enduring Legacy

Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care.

You can assure the Society of continuing financial support by using the following bequest form:

I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation under the laws of the State of New York, the sum of \$. for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it, are of course tax deductible.

Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.



Our one purpose: saving sight

The National Society for the Prevention of Blindness, Inc., founded in 1908, is the oldest voluntary health agency nationally engaged in the prevention of blindness through a comprehensive program of community services, public and professional education, and research. □ Publications, posters, films, lectures, charts and advisory service are available on request. □ The Society is supported entirely by membership dues, contributions, memorial gifts, bequests and legacies, which are deductible for purposes of income taxes. □ Half of all blindness can be prevented!

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.
79 MADISON AVENUE, NEW YORK, N.Y. 10016

Member of National Health Council, Accredited by National Information Bureau

